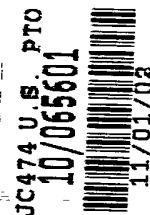


Electronic Filing System (EFS) Data  
Electronic Patent Application Submission  
USPTO Use Only

EFS ID: 19457  
Application ID: 10065601  
Title of Invention: FOOD FORMING APPARATUS  
First Named Inventor: JOHN McISAAC  
Domestic/Foreign Application: Domestic Application  
Filing Date: null  
Effective Receipt Date: 2002-11-01  
Submission Type: Utility Patent Filing  
Filing Type: null  
Confirmation Number: 0  
Attorney Docket Number: P02-210-MCI  
Digital Certificate Holder: cn=Richard A. Joel, ou=Registered Attorneys, ou=Patent and Trademark Office, ou=Department of Commerce, o=U.S. Government, c=US  
Certificate Message Digest: f2NaxjcjKJTl8SDb7A27XA==  
Total Fees Authorized: \$410.0  
Payment Category: CC - Credit Card  
Credit Card Number: \*\*\*\*\*5003  
Expiration Date: 01012007  
Card Holder Name: richard a. joel  
RAM User ID: EFSPROD  
RAM Accounting Date: null  
RAM Sequence Number: 0  
RAM Payment Status: RAM Fail: Requested Fee Code is not yet active or has expired.  
Postal Code: 07649

## TRANSMITTAL FORM



Electronic Version 1.0.3

Stylesheet Version: 1.0

Submission Type: Utility Patent  
FilingAttorney Docket  
Number:P02-210-  
MCI

## FOOD FORMING APPARATUS

First Named Inventor: MR. JOHN McISAAC

## SUBMITTED BY

Name:	MR. RICHARD A. JOEL
Registration Number:	22212
Electronic Signature	Date Signed: 20021101
Mark: /RICHARD A. JOEL/	

*I certify that the use of this system is for OFFICIAL correspondence between patent applicants or their representatives and the USPTO. Fraudulent or other use besides the filing of official correspondence by authorized parties is strictly prohibited, and subject to a fine and/or imprisonment under applicable law.*

*I, the undersigned, certify that I have viewed a display of document(s) being electronically submitted to the United States Patent and Trademark Office, using either the USPTO provided style sheet or software, and that this is the document(s) I intend for initiation or further prosecution of a patent application noted in the submission. This document(s) will become part of the official electronic record at the USPTO.*

## Attached Files:

declaration	dec1.tif
declaration	decsig.tif
bibd-transmittal	P02-210-MC1apds.xml
patent-assignments	P02-210-MC1asgn.xml
fee-transmittal	P02-210-MC1fee.xml

specification

foodformingapparatus.xml

Attached Image File(s):

dec1.tif

decsig.tif

**Comments:**

PTO/SB/01 (10-01)

Approved for use through 10/31/2002. OMB 0851-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing

OR

☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	P02-210-MCI
First Named Inventor	McISAAC, JOHN
<b>COMPLETE IF KNOWN</b>	
Application Number	
Filing Date	
Art Unit	
Examiner Name	

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**FOOD FORMING APPARATUS**

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(If applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]



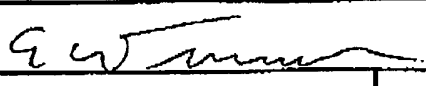
Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/01 (10-01)

Approved for use through 10/31/2002. OMB 0851-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1996, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to: <input checked="" type="checkbox"/>		Customer Number or Bar Code Label			OR <input type="checkbox"/>	Correspondence address below	
27107 PATENT, TRADEMARK OFFICE							
Name							
Address							
City				State		ZIP	
Country			Telephone			Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name JOHN (first and middle (if any))				Family Name McISAAC			
Inventor's Signature 				Date 11/01/2002			
DEDHAM Residence: City		MA State		US Country		US Citizenship	
Mailing Address 27 HAMILTON AVENUE							
DEDHAM City		MA State		02021 ZIP		US Country	
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name ERIC (first and middle (if any))				Family Name DURRANCE			
Inventor's Signature 				Date 11/01/2002			
TAUNTON Residence: City		MA State		US Country		US Citizenship	
Mailing Address 12 CHANDLER AVENUE, APT. 30							
TAUNTON City		MA State		02780 ZIP		US Country	
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.							

[Page 2 of 2]

# FEE TRANSMITTAL

Electronic Version 1.1.0

Stylesheet Version: 1.0

*Patent fees are subject to annual revisions on or about October 1st of each year.*

Small Entity

Independent Inventor

Small Business Concern

**TOTAL FEES AUTHORIZED: \$ 410**

## BANK (CREDIT) CARD INFORMATION:

Credit Card Number: 5003  
 Expiration Date: 20070101  
 Authorized Name: richard a. joel  
 Billing Address: 07649

## BASIC FILING FEE

Fee Description	Fee Code	Fee Paid
Utility Filing Fee	201	\$ 370

Subtotal For Basic Filing Fee: \$ 370

## EXTRA CLAIM FEES

	Fee Code	Fee	Extra Claims	Fee Paid
Total Claims: 12	203	\$ 9	0	\$ 0
Independent Claims: 3	202	\$ 42	0	\$ 0

Subtotal For Extra Claims Fees: \$ 0

## ADDITIONAL FEES

Fee Description	Number	Quantity	Fee Code	Amount	Fee Paid
Recording Each Patent Assignment Per Property Fee	00000000	1	581	\$ 40	\$ 40

10065601 - 11010102

Subtotal For Additional Fees: \$ 40